2003	C/	MPAIGN CONTRIBUTIONS AND EXPENSES	City of La	s Vegas/State	of Nevada
Pa	u	1 C Chomintra Counsilman		ward	
Name (pr		Office (if applicable)	-1m\ 0		t (if applicable)
5312 Mailing A	ddr	ess (include city and zip code)		78-8774 elephone No.	
Chon E-Mail Ad	Hdre	ntra03p@aol.com			
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Select A	ppr	opriate Box(es) CANDIDATE PAC BAG F	POL PRTY [	]IND EXPAN	MENDED
V	R	Report #1 – Due April 1, 2003			, 5002
		Period: July 8, 1999 – March 27, 2003			AS CAR
		If Elected in 2001: Period: July 6, 2001 – March 27, 2003 BAGs only: Period: July 5, 2001 – March 27, 2003			Y C
		Report #2 Due – May 27, 2003			
		Period: March 28, 2003 – May 22, 2003			Ÿ ₹
		Domart #2 Duo August 45 2002			$\omega$
		<b>Report #3 — Due August 15, 2003</b> Period: May 23, 2003 - July 3, 2003		FOR OFFICE USE ONLY	
		BEGINNING CASH ON HAN	ND		
	1.	Cash on Hand at Beginning of This Reporting Period		50.	<del>2</del> 0
		CONTRIBUTIONS SUMMAI	RY		
	2.	Total Monetary Contributions Received This Period in Excess of \$100			
	3.	Total Monetary Contributions Received This Period of \$100 or Less			
	4.	Actual Number of Monetary Contributions This Period of \$100 or Less	0		
	5.	Interest and Income Earned This Period on Contributions		6	
	6.	Total Amount of Monetary Contributions Received (Add Lines 2, 3 an	d 5)	8	
	7.	SUBTOTAL (Add Lines 1 and 6)		50.0	0
	8.	Total Value of In Kind Contributions Received This Period	Ø		
		EXPENSES SUMMARY	1.77		
	9.	Total Monetary Expenses Paid This Period in Excess of \$100		0	
	10.	Total Expenses Contracted for This Period, But Not Paid, in Excess			<del> </del>
		of \$100	_6	<del></del>	
		Total Monetary Expenses Paid This Period of \$100 or Less Total Expenses Contracted for This Period, But Not Paid, of \$100 or		50.0	<u>x</u>
		Less	Ø	<del></del>	
	13.	Expense for Filing Fee Paid This Period (Do not Include in Line 9 or 11 A	Above)	(00,00	2
	14.	Total Amount of All Monetary Expenses Paid (Add Lines 9, 11, and 13	3)		0
	15.	Total Value of In Kind Expenses This Period	10		
		ENDING CASH ON HAND			
	16.	Cash on Hand at Close of This Reporting Period (Subtract Line 14 from	n Line 7)		
		AFFIRMATION			
l Declai	re l	Under Penalty of Perjury That the Foregoing is True and Correct.			
Signature	<del></del>	JY JY		<u> </u>	
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Paul C. Chomintra

Council Man
Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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PAGE V OF V

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Paul C. Chomintra Name (print) Office (if applicable)

District (if applicable)

#### **Contributions of \$100 or Less**

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PAGE 3 OF 11

# (

Paul C. Chomintra

Councilman

ward 1

Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

CATEGORIES	CODE		
Office expenses	A		
Expenses related to volunteers	В		
Expenses related to travel	С		
Expenses related to advertising	D		
Expenses related to paid staff	E		
Expenses related to consultants	F	2003 MAR	
Expenses related to polling	G		Y CLEF
Expenses related to special events	Н	12: 32	<b>€</b>
** Goods and services provided in kind for which money would otherwise have been paid			
Other miscellaneous expenses	J		

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PAGE 4 OF "

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period

Paul	C.	Chomintra

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Office (if applicable) Name (print)

District (if applicable)

# Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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PAGE 5 OF "

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Paul C (Name (print)

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Office (if applicable)

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District (if applicable)

# Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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PAGE G OF II

### IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

#### IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Paul C chomintra Name (print)

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District (if applicable)

#### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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PAGE 8 OF 11

Paul C. Chemintra Name (print)

Office (if applicable)

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#### **IN KIND**

# **Contributions of \$100 or Less**

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Paul C. Chomintra Name (print)

Office (if applicable)

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#### **IN KIND**

# **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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#### **IN KIND**

# Expenses of \$100 or Less

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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294a.360, 294A.362

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